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Bib Data Sheet

CONFIRMATION NO. 5139

SERIAL NUMBER 10/047,759	FILING DATE 01/15/2002 RULE	CLASS 204	GROUP ART UNIT 1753	ATTORNEY DOCKET NO. 016474-0312209
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/261,215 01/16/2001
and claims benefit of 60/287,754 05/01/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/14/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 2
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TITLE

MICROFLUIDIC APPARATUS FOR PERFORMING GEL PROTEIN EXTRACTIONS AND METHODS FOR USING THE APPARATUS

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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